



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
ASHMAN	JANET		487-5561
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite 300			FAX 486-5020
(City) Aiea	(State) Hawaii	(Zip Code) 96701-3911	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII AGRICULTURE RESEARCH CENTER	TELEPHONE 487-5561	
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite 300	FAX 486-5020	
(City) Aiea	(State) Hawaii	(Zip Code) 96701-3911
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Stephanie Whalen	TELEPHONE 487-5561	
MAILING ADDRESS (Street) same	FAX 486-5020	
(City)	(State)	(Zip Code)

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

*Janet Ashman*  
(Signature of Lobbyist)

*1/10/05*  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Stephanie A. Whalen	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President-Director
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NAME OF ORGANIZATION (if applicable) Hawaii Agriculture Research Center	TELEPHONE 487-5561
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MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite	FAX 486-5020
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(City) Aiea	(State) HI	(Zip Code) 96701-3911
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*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

*Stephanie A. Whalen*  
(Signature of Authorizing Officer or Person Represented)

*1/10/05*  
(Date)